This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation									
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee		Total	
	Sm./Lg.			*	Sm. Entity	Lg. Entity		_	
Basic Filing Fee	201/101				345	690	=	690	
Total Claims >20	203/103	52 -20 =	32	X	9	18	=	576	
Independent Claims >3	202/102	-3 =	3	X	39	78	= 4	234	
Mult. Dep Claim Present	204/104				130	260	=		
Surcharge	205/105				<u>65</u>	130	=	<u>/30</u>	
English Translation	139							·	
TOTAL FEE CALCULA	ATION					٠.		1630	
Fees due upon filing t	he application:								
. Total Filing Fees Due	= \$	1630		_				-	
Less Filing Fees Subn	nitted - \$		·	-					
BALANCE DUE	= \$			_					

FORM OIPE-RAM-01 (Rev. 12/97)